

# Index of Claims



Application/Control No.

10/764,417

Examiner

Jezia Riley

Applicant(s)/Patent under  
Reexamination

STAVRIANOPOULOS ET AL.

Art Unit

1637

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date    |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|---------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original | 6/16/08 |  |  |  |  |  |  |  |  |  |  |  |
| 301   | o        |         |  |  |  |  |  |  |  |  |  |  |  |
| 302   | o        |         |  |  |  |  |  |  |  |  |  |  |  |
| 303   | o        |         |  |  |  |  |  |  |  |  |  |  |  |
| 304   | o        |         |  |  |  |  |  |  |  |  |  |  |  |
| 305   |          |         |  |  |  |  |  |  |  |  |  |  |  |
| 306   |          |         |  |  |  |  |  |  |  |  |  |  |  |
| 307   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 308   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 309   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 310   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 311   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 312   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 313   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 314   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 315   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 316   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 317   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 318   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 319   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 320   | =        |         |  |  |  |  |  |  |  |  |  |  |  |
| 321   | =        |         |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |

| Claim |          | Date |  |  |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |  |  |